

MCRN MEETING ROOM BOOKING FORM

Name of group: _____

Brief description of activity to be conducted in the Meeting Room:

Hirer Contact Details

Name: _____

Address: _____

Telephone: _____

Mobile: _____

Email: _____

Public Liability Details

We/I have got our own public liability insurance **and have attached a copy of the certificate of currency**

Name of insured party: _____

Date of expiry: _____

We request coverage under the MCRN Public Liability insurance as do not have our own cover and our group/activity is community development or a social justice activity.

Please describe purpose of the group/activity: _____

Hirer Status

A community group

An individual hiring the room for private purposes

Current financial member of MCRN

A not-for-profit organisation

A profit-making group, organisation or business

Participants

Will participants be charged to attend the activity? Yes No If Yes, how much per participant per session? _____

Anticipated number of participants? _____

Booking Dates/Times

Date/s: _____

Start time: _____

End time: _____

Equipment Hire

Do you require access to any of MCRN's equipment during the time of room hire?

PA System

Video Camera

Laptop / Data Projector

Photo Camera

Display Boards

Disclaimer:

I have read and understood MCRN's Meeting Room Booking and Equipment Hire Policies. I agree to leave the meeting room in the same or better condition after use. Any loss or damage of equipment is my responsibility.

Signed: _____

Date: _____

NOTE:

If your meeting/activity time falls outside of usual business hours, contact MCRN on 0408 249 044 between 9am and 12 noon on Mondays, Wednesdays or Thursdays to arrange after-hours access to the building.

Please return this form and a scanned copy of any related documents to MCRN by e-mail: support@mcrn.org.uk